

Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending April 9, 2016 - Week 14

All data presented in this report are provisional and may change as additional reports are received



Quick Stats	
Percent of outpatient visits for ILI ¹	0.26% (baseline 1.7%)
Percent of influenza rapid test positive	16.7% (198/1187)
Percent of RSV rapid tests positive	18.2% (34/187)
Percent school absence due to illness ²	2.14%
Number of schools with ≥10% absence due to illness	0
Influenza-associated hospitalizations ³	11/5,164 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) ⁴	34
Influenza-associated pediatric mortality (Cumulative)	0
¹ ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat.	

Iowa Influenza Geographic Spread ⁵						
No Activity						
Sporadic						
Local						
Regional						
Widespread						
⁵ This is based on CDC's activity estimates definition www.cdc.gov/flu/weekly/overview.htm						

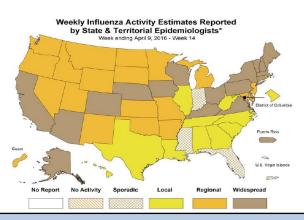
Iowa statewide activity summary:

Influenza remains widespread across the state. For this reporting week, the State Hygienic Laboratory (SHL) confirmed 11 cases of influenza A and eight cases of influenza B. Eleven influenza-related hospitalizations were reported from sentinel hospitals. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.26 percent, which is below the regional baseline. Two influenza outbreaks were reported in Iowa long-term care facilities. In this reporting week, 13 adenovirus, one parainfluenza virus type 3, one parainfluenza virus type 4, 51 rhinovirus/ enterovirus, 10 RSV, and 21 hMPV were detected from surveillance sites.

National activity summary - (CDC):

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2015-16 Influenza Season Week 14 ending Apr 09, 2016





Synopsis: During week 14 (April 3-9, 2016), influenza activity decreased, but remained elevated in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 14 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: Ten influenza-associated pediatric deaths were reported.

Influenza-associated Hospitalizations: A cumulative rate for the season of 26.6 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 2.1 percent, which is at the national baseline of 2.1 percent. Six of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and one state experienced moderate ILI activity; 11 states experienced low ILI activity; New York City and 36 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico and 18 states was reported as widespread; Guam and 19 states reported regional activity; the District of Columbia and ten states reported local activity; and the U.S. Virgin Islands and three states reported sporadic activity.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals

Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths Cumulative is 10/4/2015-current week

International activity summary - (WHO):

Globally, elevated levels of influenza activity continued to be reported in North America, in parts of Europe and in Northern Temperate Asia. An increase in influenza B virus activity has been reported in Northern Temperate Asia, South East Asia and Europe. Detailed information can be found online at www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/. It was last updated 04/04/2016.

Laboratory surveillance program:

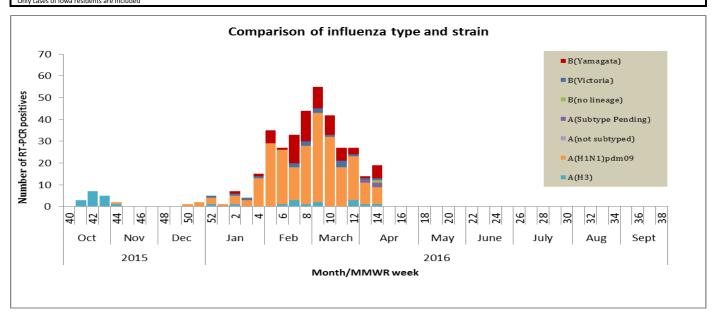
The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and sub-type of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: I	Table 1: Influenza A viruses detected by SHL by age group							
		CURREN	T WEEK		CUM	IULATIVE (10/4/1	L5 – CURRENT WE	EK)
	Flu A				Flu A			
Age Group	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped
0-4	0(0%)	0(0%)	1(50%)	0(0%)	34(13%)	0(0%)	1(33%)	0(0%)
5-17	1(13%)	1(100%)	0(0%)	0(0%)	43(17%)	2(7%)	0(0%)	1(17%)
18-24	1(13%)	0(0%)	0(0%)	0(0%)	33(13%)	8(27%)	1(33%)	1(17%)
25-49	2(25%)	0(0%)	1(50%)	0(0%)	73(29%)	4(13%)	1(33%)	1(17%)
50-64	2(25%)	0(0%)	0(0%)	0(0%)	45(18%)	8(27%)	0(0%)	3(50%)
>64	2(25%)	0(0%)	0(0%)	0(0%)	25(10%)	8(27%)	0(0%)	0(0%)
Total	8	1	2	0	253	30	3	6

^{*}Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information Only cases of lowa residents are included

[&]quot;Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection.

	CURRENT WEEK			CUMULATIVE (10/4/15 – CURRENT WEEK)		
Age		Flu B		Flu B		
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending
0-4	0(0%)	0(0%)	0(0%)	4(24%)	7(10%)	0(0%)
5-17	1(100%)	0(0%)	1(100%)	6(35%)	20(28%)	1(100%)
18-24	0(0%)	0(0%)	0(0%)	2(12%)	1(1%)	0(0%)
25-49	0(0%)	0(0%)	0(0%)	2(12%)	16(23%)	0(0%)
50-64	0(0%)	0(0%)	0(0%)	1(6%)	12(17%)	0(0%)
>64	0(0%)	6(100%)	0(0%)	2(12%)	15(21%)	0(0%)
Total	1	6	1	17	71	1

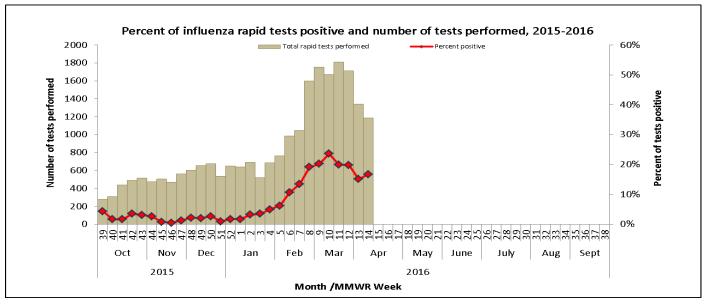


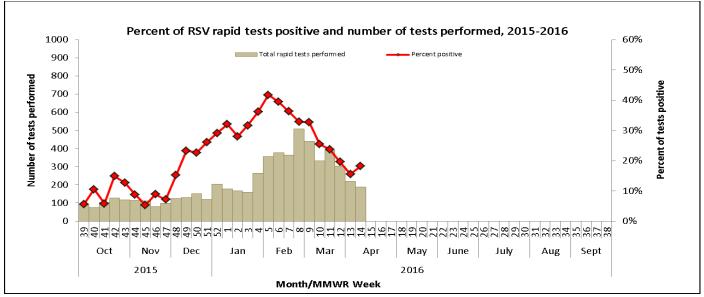
Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

Table 2: Percent of influenza rapid tests positive and number of tests performed by region for the present week								
REGION*		RAPID ANTIGEN I	NFLUENZA TESTS		RAPID ANTIGEN RSV TESTS			
REGION	Tested	Tested Flu A Flu B % Positive				Positive	% Positive	
Region 1 (Central)	187	34	5	20.9	24	8	33.3	
Region 2 (NE)	49	4	0	8.2	12	0	0.0	
Region 3 (NW)	125	18	0	14.4	26	4	15.4	
Region 4 (SW)	105	12	4	15.2	15	5	33.3	
Region 5 (SE)	79	13	0	16.5	16	3	18.8	
Region 6 (Eastern)	642	85	23	16.8	94	14	14.9	
Total	1187	166	32	16.7	187	34	18.2	

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.





Non-influenza respiratory viruses:

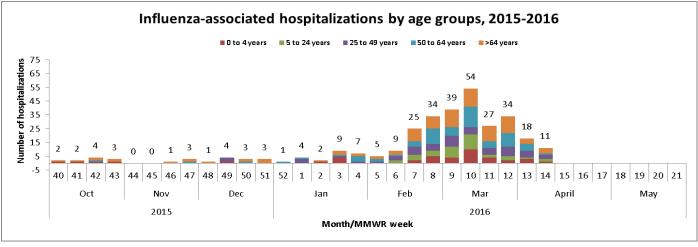
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

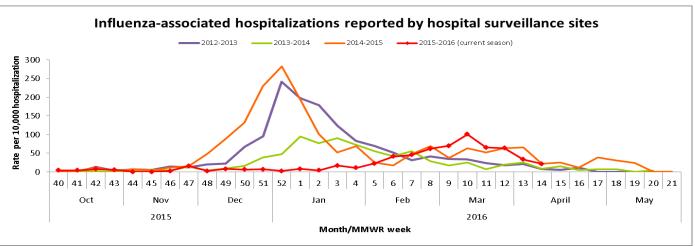
Table 4: Number of positive results for non-influenza respiratory viruses					
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Adenovirus	13	361			
Parainfluenza Virus Type 1	0	166			
Parainfluenza Virus Type 2	0	4			
Parainfluenza Virus Type 3	1	6			
Parainfluenza Virus Type 4	1	68			
Rhinovirus/Enterovirus	51	921			
Respiratory syncytial virus (RSV)	10	674			
Human metapneumovirus (hMPV)	21	317			
Total	97	2517			

Influenza-associated hospitalizations:

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week.

Table 5: Number of influenza-associated hospitalization reported by age group					
AGE	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Age 0-4	1	41			
Age 5-24	2	37			
Age 25-49	3	56			
Age 50-64	1	70			
Age >64	4	101			
То	tal 11	305			

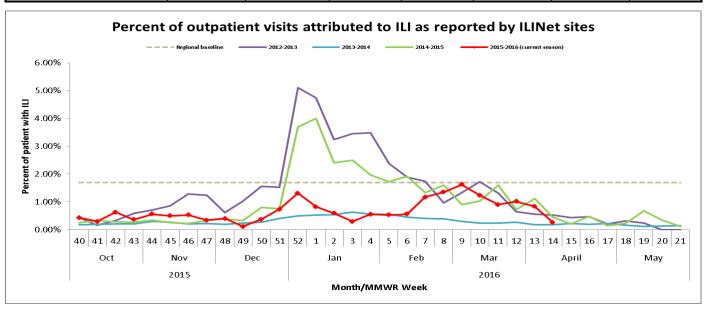




Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of lowa's influenza surveillance. Iowa health care providers interested in joining this surveillance program should contact Julie Coughlin at 515-281-7134 or julie.coughlin@idph.iowa.gov for more information.

Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 14, ending April 9	0.26	2	0	1	1	0	0
Week 13, ending April 2	0.83	15	2	10	1	2	0
Week 12, ending Mar 26	1.01	12	2	8	0	1	1



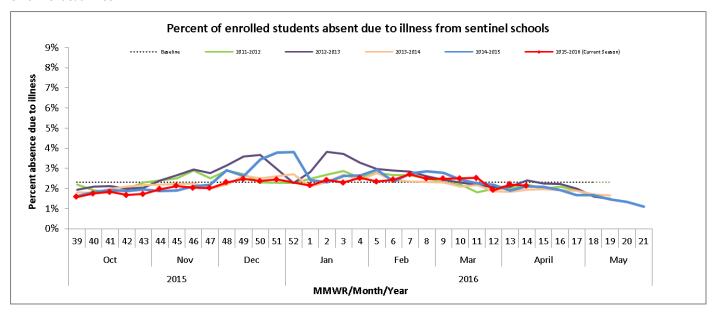
Long-term Care Outbreaks:

REGION*	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)
Region 1 (Central)	0	2
Region 2 (NE)	0	0
Region 3 (NW)	0	0
Region 4 (SW)	1	2
Region 5 (SE)	0	2
Region 6 (Eastern)	1	1
Total	2	7

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Addubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

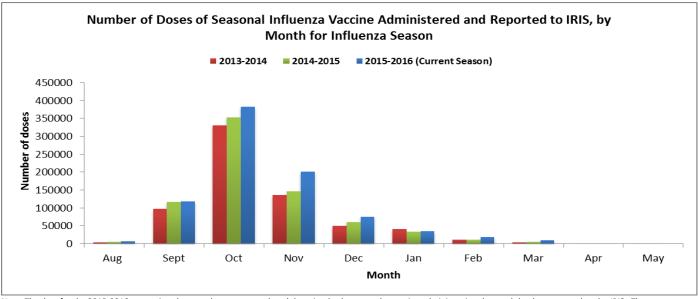
School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throughout the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or kimberly.tichy@idph.iowa.gov.



Note: The data for the 2015-2016 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

Other resources:

Vaccine:

Influenza vaccine recommendation: http://idph.iowa.gov/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/flu-vaccine-types.htm

Vaccine finder: http://vaccinefinder.org/

Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

 $\textbf{Missouri:}\ \underline{\text{http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php}$

South Dakota: http://doh.sd.gov/diseases/infectious/flu/ Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm